

# the MSH bulletin

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Dr. Peggy Stephens  
Superintendent,  
CEO,  
and  
Medical Director



There will never be  
a perfect time.  
Just begin where you  
are right now.

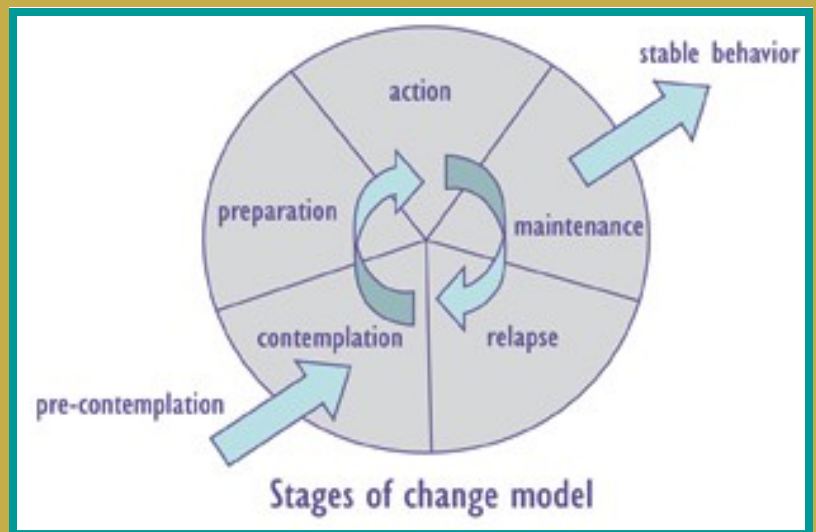


**Dr. Laura Moseng,  
MSH Staff Psychologist**

**IDDT  
Integrated Dual Disorder  
Treatment**

## **STAGES OF CHANGE WITHIN THE IDDT MODEL:**

The **Integrated Dual Disorder Treatment** approach uses a **Stages of Change Model** of understanding treatment progression. The Stages of Change Model was developed approximately 25 years ago with a primary focus for substance abuse treatment formats. The model has expanded into all types of treatment approaches throughout the past 2 decades. Stages of Change lie at the heart of the Trans-theoretical Model of Change developed by Prochaska and Diclemente (1992). Studies of change have found that people move through a series of stages when modifying behavior. While the time a person can stay in each stage varies, the tasks required to move to the next stage do not. Certain intervention principles and processes of change work best at each stage to reduce resistance, facilitate progress, and to prevent relapse. While progression through the Stages of Change can occur in a linear fashion, a nonlinear progression is common.



### **Stages of Change include the following stages:**

- **Pre-contemplative – unaware or unable to identify problem**
- **Contemplative – ambivalent about change**
- **Preparation – preparation for change**
- **Action – learning change skills**
- **Maintenance & Relapse Prevention – keeping on task**



**By Pamela Guthrie, PhD.  
MSH Staff Psychologist**

## **DBT Skills**

# **Accepting Change**

Have you ever wanted a change in your life so badly it hurt? A new job, a new house, a different car, or a meaningful relationship with a great person? Wanting change is okay, but longing for change can actually divert our energy in ways that interfere with our growth. One important aspect of developing acceptance is learning to avoid longing for something to happen in the future, which can make us very unhappy. At the other end of the spectrum, have you ever had change thrust upon you, something you did not want and which other people or circumstances decreed would happen anyway? Ironically, fighting against these sorts of change results in the same state of longing --- we can become wrapped up in longing for the way things were before the change - we end up focused on the past.

*Mindfulness* involves an attitude of acceptance, which is the opposite of either pushing an experience away or longing for an experience. When we are mindful, we're prepared to wholly experience how and where we actually are. This doesn't necessarily mean that we want to stay the way we are at the moment; on the contrary, we almost certainly will move on from there. The first step in moving on, though, is to recognize fully where we are, and to accept it. We can want change without the desire becoming unmindful. It's only when our desires lead to us rejecting our experience or longing after other experiences -- creating our own dissatisfaction -- that we create difficulties for ourselves.



# STAFF DEVELOPMENT

Theresa Robinson, M.A. Staff Development Director

## Respect...Think of it as Currency

### Part 2



Respect is a subjective word that describes a feeling. The dictionary defines it as “a feeling of admiring someone or something that is good, valuable, important, etc.” What I value, you may not. What I admire, you may not. What I may feel about something, you may perceive entirely differently. The dictionary also defines respect as “a particular way of thinking about or looking at something.” From where I’m standing, things inevitably appear a little differently from where you stand. From our respective positions standing in a shared space, the workplace, a church, a club, or a family, we might indeed share some common perspective. However, as unique individuals, with a unique history, life circumstance, and personality makeup, we will also enjoy many differences.

Unfortunately, most conflict and misunderstandings arise from a person’s emotional bank account going into the red. Overdrawn and shortchanged, we start to react with behaviors that respond from the negative. Anything ranging from anxiety to outrage will begin driving our responses, no matter how carefully and civilly we attempt to disguise them. We need regular deposits of respect for a healthy emotional bank balance.



# Grand Rounds

Lecture was provided by Dr. Gwen Morris, last Thursday, 1/7/16 in the auditorium.

Dr. Gwen Morris has a PhD in Neuroscience. She spoke on the subject of **“Differentiating Sedation from Efficacy in Antipsychotic Treatment”**.

45 members of the MSH Clinical Staff were present.



Friends-

Regretfully, I am writing to you all to let you know I am resigning from my position as HR Director at MSH and have accepted a new career opportunity. Please know this is solely for personal reasons as I am picking up and relocating to Cincinnati. MSH and State Personnel have both been wonderful employers for me, which makes this move that much harder. Madison State Hospital is truly a special place, and I would like to encourage everyone to keep up the excellent job you all do on a daily basis – it does not go unrecognized. I will miss everyone, but plan on still being a part of the Madison community. So, this isn't necessarily a "good-bye," but a "see you later!"



**Brian Bradford,**  
HR Generalist 1

# Madison State Hospital

## Overall Patient Safety Grade Comparative Results

### 2015 Hospital Survey on Patient Safety

#### AHRQ Benchmarking



#### RESULTS-MSH 2015 Benchmark:

1. MSH results compared to the 680 hospitals included in the Hospital Survey on Patient Safety. Culture 2016 Comparative Database Report for Overall Comparative results
2. Overall Patient Safety Grade Comparative Results above national results (MSH 99+%-Excellent, Good and Acceptable vs. 95% across national reporting hospitals).
3. 0% of staff rated Patient Safety grade as "Failing" in 2015 (vs. 1% in across the nation);
4. LESS than 1% MSH staff rated Patient Safety grade as "Poor" in 2015 (vs. 4% across the nation)

#### Additional MSH results/data points:

82% response rate (239/293)

50% of respondents BHRA; 12% RN; 9% LPN

45% respondents employed less than 5yrs

Results provided by

Angela Lobb

Clinical Director

Sometimes,  
you just have  
to take a deep  
breath,  
relax and let  
things go.  
Focus on  
what matters  
to YOU...and  
WHO matters  
in *your* life.  
The rest will  
all work it self  
out, just take  
it one step at  
a time.



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**Deb Farris**  
**Rehab Therapy Dept.**  
**Director**



After several months of revisions and prep work, the **Patient Payroll Program** has been enhanced to tie in with individual patients' treatment plan goals.

The Rehab Therapist (RT) is the clinical liaison for the **Patient Payroll Program** on each unit. The RT maintains a Patient Payroll/Rehab 3-ring binder (yellow) on the chart rack of each unit. This binder contains a section for each patient working in the program (including Patient Payroll goals and objectives from the treatment plan), and a copy of the Patient Payroll Procedural Guidelines.

Formal trainings have been provided to the Medical Staff, Nursing/Clinical Staff, and Housekeeping Staff who are primarily involved in the provision of this program. Through the *team work* of many fine staff, this program enhances the patient's self-esteem, identity, and sense of general well-being through the process of learning job skills that will promote their success in dealing with the issues involved in life-long Recovery.

Many thanks to the Job Coaches, Treatment Teams, OT/Patient Payroll Coordinator, and the staff who worked in the Patient Payroll Taskforce on the development of this program.

This is outstanding, and just one more reason to be proud of the services that we provide. Your continued support and encouragement of patient involvement in this program is greatly appreciated!

**Madison State Hospital leads the state**  
**with approximately 50% of our eligible patients doing**  
**meaningful work through the Patient Payroll Program.**





## Curt Vanderbur, LAN Administrator and Artist!

Curt is currently the “featured artist” at **Madison Art Club’s Art On Main Gallery** at 309 West Main Street. There will be a **reception, open to the public, on Saturday January 16<sup>th</sup> from 5-7 PM.**

Curt describes his most recent works as “Street Art”, and says he got his inspiration from traveling through Mexico and South America while working for Dow Corning. Whimsy and celestial scenes dominate, and all have been committed to canvas with enamel and acrylic spray paints.

In addition to his interest in the visual arts, Curt is the bass player for Madison Indiana’s oldest punk band “Shock Treatment” (primarily a Ramones cover band). Since inception, Shock Treatment has garnered over **\$26,000 to benefit various charities**, including Hospice, The Wounded Warriors, and The Lyde White Boys and Girls Club.





# **Skinny Chicken Salad**

## **Ingredients**

- 1 Rotisserie Chicken, chicken breasts shredded
- 4 Stalks of celery, diced into tiny pieces
- 1½ cups red grapes, cut in half
- ¼ cup green onions, sliced
- ¾ cups plain Greek yogurt
- salt and pepper to taste

## **Instructions**

- Mix all ingredients in a bowl and enjoy!
- Store in a airtight container in the fridge for up to one week

Recipe by Two Sisters Kitchens at <http://twosisterskitchens.com/skinny-chicken-salad/>



# 10 Walking Mistakes to Avoid

By [Wendy Bumgardner](#)



## Mistake #1: Over-striding

### Walking with Straight Arms and Over-striding - Two Mistakes in One!

Walking the right way can give you better health, fitness, and attitude. It can help you walk faster and more smoothly.

Walking the wrong way can lead to wasted effort or even injury, not to mention ridicule. Here are the 10 walking technique mistakes to avoid.

1. **Over-striding** = When walkers try to walk faster, a natural inclination is to lengthen your stride in front, reaching out further with your forward foot. This leads to a clumsy, ungainly gait, striking hard with the feet. Your shins hurt and you really don't get any faster.

## The Cure for Over-striding

All of the power of your walk comes from pushing with the back leg and foot.

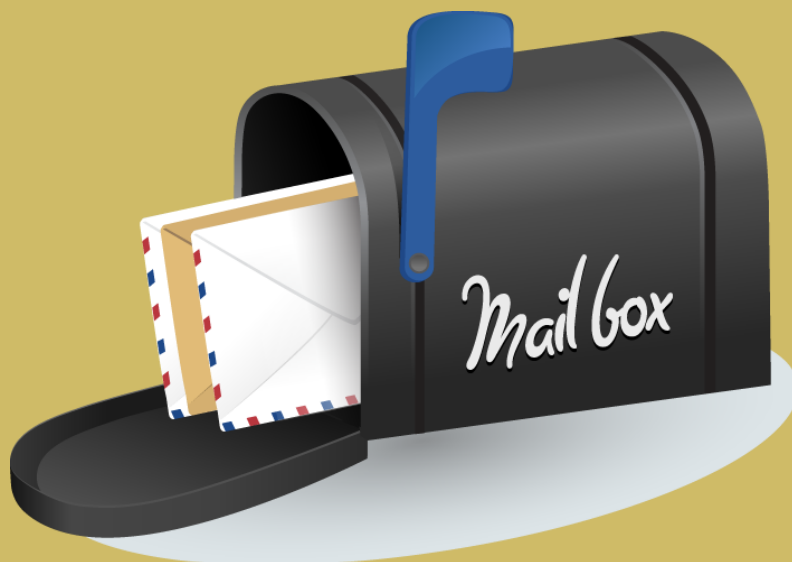
- **Shorter, Quicker Steps:** If you are trying to walk fast, concentrate on taking shorter, quicker steps.
- **Roll Through, Push Off:** Then think of really rolling through your step with your back foot and leg, getting a good push off.

The result will be faster feet and lengthening your stride where it does you some good - in back.



# State Employees:

IRS Form 1095-C is heading your way.



**Form 1095-C** is required by the federal Affordable Care Act (ACA).

The ACA requires large employers, like the State of Indiana, to report to the IRS on the health coverage, if any, offered to their full-time employees. Form 1095-C provides both you and the IRS with information about the health insurance coverage offered to you and, if applicable, your family.

State Personnel will begin mailing out 1095-C forms the last week of January.

- Please keep this form with your tax documents.
- You may need to submit information from the form as a part of your personal income tax filing.

**Frequently asked questions** about the 1095-C forms can be found on the State Personnel Department's website.

If you have additional questions, please contact the **State Personnel Benefits Hotline** at 1-877-248-0007 or email [SPDBenefits@spd.in.gov](mailto:SPDBenefits@spd.in.gov).

